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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Central African Republic
Support for a comprehensive population programme

Proposed UNFPA assistance:	$4.6 million, of which $3.6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1993
Executing agencies:	Government of the Central African Republic United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Economy, Planning, Statistics and International Cooperation

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Central African Republic

Demographic facts

Population (000)	
Total	3,008
Males	1,454
Females	1,554
Sex ratio (/100 females)	93.6
Urban	1,404
Rural	1,604
Per cent urban	46.7
Population in year 2000 (000)	3,862
Functional age groups (%)	
Young child: 0-4	18.1
Child: 5-14	26.2
Youth: 15-24	17.6
Elderly: 60+	6.1
65+	3.9
Percentage of women aged 15-49	44.0
Median age (years)	18.0
Dependency ratios: total	93.2
(/100) Aged 0-14	85.6
Aged 65+	7.6
Agricultural population density (/hectare of arable land)	1.0
Population density (/sq. km.)	5.0

Average annual change (000)	
Population increase	84
Births	143
Deaths	59
Net migration	..
Annual population total (% growth)	2.62
Urban	4.30
Rural	1.03
Crude birth rate (/1000)	44.9
Crude death rate (/1000)	18.5
Net migration rate (/1000)	..
Total fertility rate (/woman)	6.20
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	3.05
Net reproduction rate (/1000)	2.21
Infant mortality rate (/1000)	105
Maternal mortality rate (/100,000)	600
Life expectancy at birth (years)	
Males	44.7
Females	49.9
Both sexes	47.0
GNP per capita (U.S. dollars, 1991)	390

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $4.6 million, of which $3.6 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1993, to assist the Government of the Central African Republic in achieving its population and development objectives. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. This would be the third UNFPA country programme in the Central African Republic. The second programme of UNFPA assistance, approved by the Governing Council for the period 1989-1993, would be shortened by one year in order to accommodate the Government's request to initiate a new programme that would specifically address the spread of infertility from the eastern region to other parts of the country, as well as include an information, education and communication (IEC) component that would, inter alia, accelerate the promotion of awareness among the general public regarding population issues and facilitate the debate on the formulation of a national population policy. The new programme would also enable UNFPA to synchronize its programme cycle with those of its partners in the Joint Consultative Group on Policy (JCGP) and with the national development plan (1992-1996).

3. The proposed UNFPA programme is designed to complement and supplement government strategy in the field of population and development, which evolved on the basis of recommendations formulated by the UNFPA-organized Programme Review and Strategy Development (PRSD) mission, which visited the country in April 1992. It also draws upon the experience gained from UNFPA's first two programmes of assistance, as well as from consultations and discussions with senior officials of concerned ministries, other United Nations agencies, notably UNDP and UNICEF, and concerned NGOs.

4. The long-term objective of the proposed programme is to improve the socio-economic conditions of the Central African population by bringing the population growth rate in line with available resources. The two main immediate objectives would be to reduce infant and maternal morbidity and mortality rates, primarily through the promotion of increased use of effective family planning methods, and to arrest the spread and reduce the incidence of infertility. Two important related objectives would be: (a) to sensitize the population, particularly adolescents, about the importance of responsible parenthood and effective child spacing in ensuring the well-being of the family; and (b) to improve the status and condition of women and heighten their participation in the socio-economic development of the country, through, among other things, the effective implementation of MCH/FP activities and the formulation, adoption and implementation of a family code that recognizes women's reproductive rights. Other immediate objectives include: (a) making accurate data available for use in formulating a population policy, in refining health indicators and in estimating contraceptive needs; and (b) formulating and adopting a national population policy.

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para 14 (f)).

II. BACKGROUND

6. Demographic trends. The 1988 population census indicated a total population in the Central African Republic of 2.7 million, compared to 2.1 million in 1975 and 1.2 million in 1960.* If the population continues to grow at its current rate of 2.5 per cent per year, the population will double in 28 years, reaching 5.4 million by the year 2016. The population is unevenly distributed, with 80 per cent of the population living on 20 per cent of the national territory. The northern and eastern parts of the country are nearly empty, with 0.5 inhabitants per square kilometre; the southwest is much more densely populated, with some 6.7 inhabitants per square kilometre. The rate of urbanization is high, and, if current trends persist, the urban proportion of the population will reach 47 per cent in the year 2000, up from 26 per cent in 1960 and 37 per cent in 1988. A high proportion of the population is under 15 years of age (43.2 per cent), and 4.9 per cent of the population is aged 60 and older.

7. Fertility is high and rising, but so is infertility. Although a study conducted by the Population Planning Unit of the Ministry of Economy, Planning, Statistics and International Cooperation (hereinafter Ministry of Planning) showed an apparently stable total fertility rate (TFR) between 1975 and 1988 (5.9 children per woman compared to 6.1), fertility rates among fertile women of reproductive age actually rose dramatically during the period, from 7.2 to 8.2. The proportion of infertile women among women of reproductive age also rose sharply during the same period, from 18 per cent to 26 per cent. Up until 1975, infertility was limited to the eastern and northern regions of the country and was attributed to goiter associated with iodine deficiency in the diet. Today, sexually transmitted diseases (STDs) account for the bulk of the spread of infertility to other parts of the country.

8. The modern contraceptive prevalence rate (CPR) is currently estimated at less than 5 per cent nationwide. A 1989 knowledge-attitudes-practice (KAP) survey, however, suggests that there is a potentially high demand in the country for modern family planning services. The study, which covered only urban areas, indicated that while 50.2 per cent of urban women were using some method of family planning, only 11 per cent of that proportion were using modern methods.

9. Health sector. Information on the health status of the population, though somewhat limited and not very reliable, indicates a low level of health care in the country. For example, life expectancy at birth, according to the 1988 census, is 49 years, an increase of only 10 years over that of 1960. Infant and child mortality are high (132 and 212 per 1,000 live births, respectively), as is maternal mortality, estimated at 683 deaths per 100,000 live births. Most infant and child deaths are caused by malaria and infectious and parasitic diseases, according to official reports from the Ministry of Health. Most maternal deaths are due to childbearing that is either too early or too late and to the large number of induced abortions, particularly among adolescents. This is compounded by falling nutrition, especially among children and pregnant women, which has also contributed to a fairly high percentage of low birth-weight babies (estimated at 15 to 23 per cent of the total).

10. The proportion of the national budget allocated to the health sector has decreased from 6 per cent in 1986 to 4.2 per cent today. There is only one medical doctor per 26,000 inhabitants, one health technician

*Unless otherwise noted, the figures given in the background section are from the 1988 census. See demographic fact sheet on p. 2 for United Nations estimates.

per 22,000, and one midwife per 10,000 people. Furthermore, most health personnel are posted in urban areas, notably in the capital city, and there is a permanent shortage of essential drugs. The generally poor health situation has been made worse by the AIDS pandemic (the prevalence of HIV infection is estimated by the Ministry of Health and Social Affairs at 8 per cent of the population), which affects those in both rural and urban areas and, most particularly, adolescents. In 1991 the Government adopted the National Health Plan, 1992-1996, whose objectives include reducing infant and maternal mortality; fighting infectious diseases, including AIDS and STDs; increasing awareness of the benefits of family planning; and increasing the use of modern contraceptives.

11. Social and cultural factors. The Central African Republic comprises eight ethnic groups. Although French is the official language, Sango (one of the local languages) is spoken throughout the country. The population, which is predominantly rural (some 53 per cent), is influenced, even in urban areas, by cultural values that favour early marriage and large families and reinforce the dominant status of men. While women and men are equal under the law, in practice a woman's primary role is considered to be that of a spouse and/or mother. Women are less educated than men, have much higher rates of illiteracy (76 per cent compared to 49 per cent for males), start child-bearing at a very early age and are underrepresented in the formal sector of the economy. The proportion of women in the civil service (the largest employer in the country) is only 16.5 per cent. Moreover, although there are more women than men engaged in agriculture (accounting for some 54.1 per cent) and in retail trade (60.6 per cent), their contribution is never mentioned in national statistics or in development plans and programmes.

12. Political and economic factors. The Government is becoming increasingly aware of the negative impact of rapid population growth on economic and social development, particularly in light of the worsening economic situation that accompanied phase I of the country's structural adjustment programme (1987-1989), during which population grew at a faster rate than the economy. As a result, phase II of the programme includes a social-dimensions-of-adjustment (SDA) component to help alleviate the effects of the structural adjustment programme on vulnerable groups. The Government has also devised a strategy to deal with the country's population problems, which seeks, inter alia: (a) to integrate demographic variables into development planning; (b) to create awareness at all levels of society and government on the interrelationship between population and development and between population and the environment; (c) to promote a progressive decrease in fertility rates and a significant reduction in infant and maternal mortality; (d) to improve the status of women; and (e) to stop the spread of AIDS and reduce the incidence of infertility.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA first provided assistance to the Central African Republic to conduct its first population census, which took place in 1975. This was followed by support for MCH/FP services in 1978. The first comprehensive UNFPA programme of assistance was approved in 1984 for five years (1984-1988), in the amount of $2.6 million. It sought to develop MCH/FP activities; introduce population education into the formal school system; help formulate a national population policy; and promote the status of women. Because of the lack of trained staff, however, the population education and population policy objectives were not achieved.

14. Drawing on the lessons learned from the first programme, UNFPA formulated a second five-year programme (1989-1993), in the amount of $4.4 million, which had the following objectives: (a) to reduce maternal and infant mortality; (b) to strengthen national technical capabilities to implement a national IEC programme; (c) to strengthen the Ministry of Planning's technical capacities to collect and analyse socio-

demographic data; (d) to enhance the Government's capacity to implement population and development-related activities; and (e) to develop a strategy for the implementation of the Government's policy to promote the role and status of women. At the end of 1992, approximately $2.6 million of the $4.4 million had been expended.

15. The second UNFPA programme had several major achievements. For example, UNFPA assistance helped to raise awareness on population issues among government officials, who are now committed to promoting such awareness to the general public, and to strengthen the Government's resolve to reduce the population growth rate by improving the conditions and status of women and by establishing a family planning system designed to reduce early and late child-bearing and to promote birth-spacing. The programme also helped lay the groundwork for a population programme, which the Ministry of Planning drafted based on the findings and recommendations of the PRSD mission. UNFPA assistance contributed to both the integration of population issues into the 1992-1996 UNDP programme of assistance and the recognition of family planning as an integral part of primary health care in the UNICEF programme of assistance for 1993-1997.

16. The programme also encountered a number of constraints during its implementation. For one thing, incorporating the population dimension into development activities was a relatively new approach for the Government as well as for most of the donors represented in the country. For another, the economic crisis made it difficult for the Government to meet its obligations in terms of counterpart funds and personnel. Other factors impeding the smooth implementation of the programme included: (a) the long period of political turmoil (April-December 1991), which led to strikes and demonstrations; (b) the absence of a resident UNFPA Country Director until February 1991; (c) the shortage and high turnover of trained nationals to design and manage population programmes; and (d) the postponement of some planned activities because of UNFPA budget constraints.

Maternal and child health and family planning

17. The main objectives of past UNFPA assistance to this sector were to increase awareness regarding human reproduction and population-related issues and to make family planning services available to Central Africans. The combined efforts of UNFPA and UNDP contributed to the development of MCH/FP services through: (a) the elaboration of a national MCH/FP programme in line with the National Health Plan; (b) the training in family planning and reproductive health of all 150 personnel in charge of MCH/FP centres, as well as of 163 community health workers and 2 physicians; (c) the setting up of an MCH/FP management information system (MIS) and the restructuring of the Directorate of MCH/FP in the Ministry of Health; and (d) the supply of contraceptives and the provision of equipment to the national hospital and other hospitals and health centres. UNFPA/UNDP assistance also supported research activities on such topics as abortion; infant, child and maternal mortality, and high-risk pregnancies.

18. Despite these achievements, however, MCH/FP services are still not accessible to most of the rural population. This is due in part to the different institutional, jurisdictional and administrative responsibilities of the Directorate of MCH/FP and the Directorate of Curative and Preventive Medicine. There are also logistical problems. Such constraints emphasize the importance of using the primary health care network as a vehicle to provide MCH/FP services to rural communities. These problems were compounded by the inadequacy of the technical support provided by the executing agency, which was unable to recruit consultants on time, rarely participated in tripartite programme review meetings, and seldom organized technical backstopping missions.

Information, education and communication

19. UNFPA assistance to the IEC sector during the second programme produced mixed results. The UNFPA-funded activity to introduce family life education in community development programmes and to inform and educate target groups about family life and responsible parenthood has made considerable progress. Two other important UNFPA-supported IEC activities, however, have not yet got under way. One -- to develop a comprehensive IEC programme -- has stalled because the Government did not designate an institution to oversee the preparation of the programme. The other -- to introduce population education in the formal school system -- has not started because of budgetary constraints.

20. Under the family life education activity, UNFPA support has helped: (a) to select three target prefectures for the first phase of the programme; (b) to set up a coordinating committee for IEC activities; (c) to brief staff members of the Directorate of Community Development on the objectives and strategy of the activity; (d) to create an inventory and synthesize the findings of various KAP studies on family planning; (e) to select themes and draft teachers' manuals for the family life education curriculum; (f) to train nine social workers and install them in their respective communities; and (g) to begin the sensitization of the target groups in the nine rural communities.

Data collection and analysis

21. The first population census to which UNFPA contributed was carried out in 1975. The quality of this census was poor and the data hardly analysed. In 1984, UNFPA and UNICEF co-funded a study whose objectives were to provide information about infant and child mortality in Bangui and to serve as a basis for the continuous collection of data on this important issue. However, preliminary results were obtained only in 1987, and there has been no follow-up to this study because of changes in project personnel.

22. UNFPA and UNDP co-funded the second population census, which was conducted in 1988. The census data were analysed and evaluated during a workshop organized in 1991, in which 15 nationals and one regional adviser from the Economic Commission for Africa (ECA), participated. The Government officially endorsed the census results in 1991.

23. Under the UNFPA-funded MCH/FP programme, a KAP survey was undertaken in 1989. However, the PRSD mission found its scope too limited since it covered only the urban population. The Government has requested UNFPA support for an intercensal survey scheduled to take place in 1993. Unfortunately, such a request could not be approved because of resource constraints.

Population policy formulation

24. Within the framework of the second country programme, UNFPA provided support to the Population Planning Unit to enable it to assist in the formulation of a national population policy and the integration of demographic variables into the development planning process. By the end of August 1992, the Unit had completed six studies related to the development process, focusing on such topics as fertility, infertility, mortality, internal migration, and priority needs in the health and education sectors. The Unit is currently working on studies examining the extent to which women and young people have been integrated into the development process and population factors into education planning and rural development.

25. UNFPA has been supporting the strengthening of the Unit's capacity through study tours abroad on the management of population programmes as well as through on-the-job training; participation in international meetings and workshops regarding population and development; and training regarding the use of micro-computers for human resource planning.

26. As part of the preparatory activities to establish a National Population Commission, the Population Planning Unit assisted the Government in setting up a technical committee to collect information and data for use in preparing a national population policy. UNFPA has also provided support to help organize a national seminar on population and development and a workshop on the country's problems and needs in the population field in order to attract international assistance for population activities.

Women, population and development

27. In 1985, UNFPA approved a programme to support the Central African Women's Organization in its efforts to improve the status and condition of women. Although the programme experienced many constraints, including a relatively limited research capacity of the Directorate for the Promotion of Women, it contributed not only to the undertaking of two studies in various aspects of the socio-economic situation of women but also to the official adoption, in 1989, of a national policy for the promotion of women, which was assessed as adequate by the PRSD mission.

28. The objectives of that national policy are: (a) to strengthen the capacity of national institutions to promote the status of women and to support the work of women's associations and selected non-governmental women's organizations; (b) to increase women's participation in all economic activities through such actions as conducting sensitization campaigns to help change attitudes towards women; integrating women's concerns into national development planning and programming exercises; expanding educational opportunities for women (including literacy courses in both the formal and non-formal sectors) and improving their access to health care; (c) to establish relevant laws and regulations that would help to improve women's status; (d) to promote the representation of women at the international level; and (e) to ensure that the Government accedes to international conventions regarding women's issues.

Other external assistance

29. Numerous United Nations organizations and agencies have been active in population and related activities in the Central African Republic. For example, as noted above, UNDP worked closely with UNFPA to help develop MCH/FP services in the country, and the two organizations co-funded the 1988 population census. UNDP also provided assistance to conduct an agricultural census, to enhance the supply of potable water and to develop human resources, among other things. UNICEF, which collaborated with UNFPA on a study on infant and child mortality in Bangui, is proposing a five-year programme in the amount of $32.7 million that includes family planning as an integral part of its efforts to strengthen the national primary health care programme. In addition to its rural development programme, the World Food Programme is supporting a project that provides assistance to pregnant and lactating women and another that provides food to refugees. FAO is supporting a training module to improve nutrition and includes the promotion of rural women as part of its programme. The World Bank is supporting activities in the education sector and has plans to support the National Health Plan. The social dimensions of adjustment programme includes a household survey as well as activities to strengthen the national capacity to promote the status of women and to elaborate a family code.

30. There are also a number of bilateral donors active in population-related activities, most of them in the health sector. Japan, for example, provides essential drugs, supports AIDS-prevention activities and contributes to efforts to strengthen primary health care. France sends medical doctors, provides medical equipment and essential drugs to the health sector and provides technical assistance to the education sector. Germany provides assistance to help improve health and social services in Bangui, and the United States supports the MCH programme. The most active NGO is the International Planned Parenthood Federation (IPPF), which provides support through its national affiliate (the Association Centrafricaine pour le Bien-Etre Familial -- ACABEF) for family planning activities, including IEC and counselling regarding infertility.

IV. PROPOSED PROGRAMME 1993-1996

31. The Central African Republic has not yet adopted a formal population policy but has recently defined its primary population goal, which is to bring the rate of population growth in line with available resources. The overall population assistance needs of the Central African Republic, estimated by the PRSD mission at $13 million, are beyond the means and resources of UNFPA. Therefore, the third UNFPA programme of assistance would focus on three priority sectors -- namely, MCH/FP; IEC, including that in support of MCH/FP; and women, population and development -- where UNFPA assistance could have the most impact.

32. While it is recognized that activities in other population sectors, notably basic data collection and analysis, population policy formulation and research, are essential for the implementation of the proposed programme, financial constraints permit only selective support for these areas on the part of UNFPA. Such support would be used to estimate contraceptive requirements, refine health indicators, and formulate a population policy.

33. The long-term and immediate objectives of the proposed programme are outlined in paragraph 4 above. The programme's strategies for achieving these objectives are as follows: (a) to strengthen UNFPA-supported MCH/FP activities in urban areas and extend such activities through the primary health care system to rural areas in the southern and western regions; (b) to address the infertility problem through specialized training of staff in target prefectures and through the collection of relevant data and the creation of awareness; (c) to make use of all appropriate channels to disseminate culturally sensitive messages regarding responsible parenthood and small family norms; (d) to integrate population education into the curricula of primary and secondary schools; (e) to enhance collaboration and coordination with and among NGOs and other donors; (f) to strengthen the institutional capacities of the pertinent directorates and units within the Ministry of Health and Social Affairs and the Ministry of Fundamental, Primary, Secondary and Higher Education (hereinafter Ministry of Education), through training in-country and at training institutions abroad; and (g) to explore new arrangements for implementing programme activities through increased use of United Nations Volunteers and, where possible, national expertise, with technical support of the UNFPA Country Support Team based in Addis Ababa.

Maternal and child health and family planning

34. UNFPA assistance to this sector would seek to help the Government reach the targets set forth in the National Plan, 1992-1996: (a) reduce maternal mortality from 683 to 400 per 100,000 live births and child mortality from 132 to 120 per 1,000 live births; (b) reduce the infertility rate from 26 to 10 per cent of women of reproductive age; and (c) increase the contraceptive prevalence rate from 5 per cent to 10 per cent. Achieving this last target would require an increase in the number of women using modern contraceptive methods from about 35,000 in 1992 to 78,000 in 1996.

35. UNFPA would employ a four-pronged strategy to achieve these objectives: (a) provide continued assistance to UNFPA-supported MCH/FP services currently being delivered in the urban areas; (b) extend integrated MCH/FP services, including Safe Motherhood services, to rural health units located in 7 of the 16 prefectures in the western and southern regions; (c) integrate services dealing with infertility into IEC and MCH/FP activities and disseminate information on such services and on infertility in general; and (d) intensify the sensitization activities on the benefits of family planning services. In the urban areas, UNFPA would continue to provide technical assistance as well as contraceptives, including condoms for the prevention of STDs and AIDS. The Fund would also provide assistance for refresher training for MCH/FP personnel in family planning, the Safe Motherhood approach, and interpersonal communications, and for efforts to intensify IEC activities in support of the MCH/FP programme (see IEC section below).

36. The proposed programme would assist the Directorate of the National Primary Health Care Programme in extending integrated MCH/FP services to rural communities by integrating such services into the proposed UNICEF-supported primary health care programme. In this connection, the extension of family planning services to the 7 targeted prefectures would be phased, following the UNICEF plan of action. These prefectures have been selected on the basis of a study commissioned by UNICEF for the preparation of its 1993-1997 programme, and in consultation with the Government and the JCGP partner organizations. UNFPA would also utilize the UNICEF social mobilization campaign to mobilize the rural population in support of MCH/FP and to disseminate family planning messages.

37. The proposed programme would employ a two-pronged strategy to try to reduce the high incidence of infertility in the Central African Republic. One prong would focus on training MCH/FP staff in target prefectures to recognize signs and symptoms of STDs and to refer such cases to the nearest hospitals. The other would be to collaborate with ACABEF in addressing the infertility problem in one of the seven prefectures. UNFPA would provide the equipment and materials needed to determine the causes of infertility in the particular prefecture selected; support efforts to sensitize the public and create awareness regarding infertility and its causes; train health workers in MCH/FP service delivery techniques; and help prefectural authorities to collect relevant data. The programme would also support studies on adolescent fertility and sexuality. The aim would be to enable the Health Education Service to develop specific education and counselling programmes targeted at adolescents and youth organizations and designed to prevent STDs and related health problems as well as unwanted pregnancies.

38. UNFPA proposes to provide $2.2 million for activities in the MCH/FP sector, of which $400,000 would be sought from other sources, including multi-bilateral sources. The Directorate of MCH/FP would be the coordinating body for MCH/FP activities in the urban areas. The Directorate of the National PHC Programme would be responsible for extending family planning services to rural areas.

Information, education and communication

39. The objectives of UNFPA assistance to the IEC sector would be to assist the Government in: (a) creating awareness among decision makers, religious and traditional leaders, and the general public regarding the interrelationship between population and development, and the importance of child-spacing to family health and well-being; (b) expanding information and education activities aimed at preventing AIDS and reducing infertility associated with STDs; (c) strengthening the technical capacity of the Audio-Visual Centre for Community Development to produce IEC materials in support of the activities of the proposed programme; and (d) integrating population education on a pilot basis into the primary- and secondary- school curricula.

40. Non-formal sector. The proposed programme would provide support for the organization of a series of sensitization seminars at the national level aimed at decision makers, religious and traditional leaders and the general public. At the prefectural level, UNFPA would continue to provide support for activities to sensitize rural inhabitants, particularly adolescents. This would involve a three-pronged approach: (a) training fieldworkers, selected cooperative members and health workers in family life education and interpersonal communication; (b) disseminating information on family planning methods, responsible parenthood, STDs and infertility, AIDS prevention, environmental protection, and the role of women in development; and (c) using local radio to transmit messages by youth associations. Moreover, to help coordinate the production of IEC materials and to strengthen the national capacity in this area, UNFPA would assist the Ministry of Health and Social Affairs in centralizing the production of such materials at the Ministry's Audio-Visual Centre for Community Development.

41. Formal population education. UNFPA would assist the Government in re-orienting the formal school curricula to include a family life education component addressing such issues as responsible sexual behaviour and the high incidence of STDs, especially among youth. One of the primary aims of the revised curricula would be to reduce teen-age pregnancy and its consequent effect on female dropout rates. UNFPA assistance would be provided within the context of an earlier programme that had been designed to institutionalize population family life education in the formal education system but did not start due to resource constraints. The resumed programme would focus on integrating family life education, on a pilot basis, into the curricula of eight primary and eight secondary schools.

42. This would be accompanied by a socio-cultural study whose aims would be, inter alia, to help define the content of teaching and learning materials for both primary and secondary schools; to identify the training needs of teachers; and to provide inputs for the preparation of a family code. Every effort would be made to ensure that these materials are gender sensitive and that they include culturally-sensitive information about STDs, AIDS and environmental protection. The programme would also seek to strengthen the capacity of the Ministry of Education's Curriculum Department through the training of a multi-disciplinary team in the basic concepts of family life education and in programme management, as well as through the establishment of a documentation centre. UNFPA assistance would also be used to help organize sensitization activities for parents and community and religious leaders as a means to facilitate programme implementation.

43. UNFPA proposes to provide $1.0 million for this programme, of which $200,000 would be sought from others sources, including multi-bilateral resources.

Data collection and analysis

44. As a prerequisite to policy development, UNFPA would provide support to strengthen the capability of government institutions to collect, process and analyse population and related data. UNFPA therefore would provide limited assistance to the country's Statistical Office to train staff in data analysis and to the Population Planning Unit to elaborate a national population policy. UNFPA would help finance, along with UNICEF and interested donors to be identified later, a limited demographic and health survey, including a component on Central Africans' knowledge of, attitudes towards and practice of family planning. Such a survey will be indispensable in sensitizing senior staff, an important preparatory activity for policy formulation, and in estimating contraceptive requirements. UNFPA proposes to provide $600,000 for this sector, of which $200,000 would be provided from other sources, including multi-bilateral sources.

Women, population and development

45. The overall objective of UNFPA assistance to this sector would be to help improve the conditions and status of women and to enhance their participation in the social and economic development of the country. The specific strategy would be: (a) to incorporate women's concerns into all proposed programme activities; (b) to continue to provide support, in collaboration with the World Bank, to efforts to elaborate, adopt, and implement a family code that includes women's reproductive rights; and (c) to strengthen the institutional capacity of the Directorate of Women's Promotion to improve the status and condition of women. The Fund would seek the technical and financial assistance of interested donors in this latter endeavour. Such assistance would be used to provide equipment, analyse existing data on the status of women, train staff in family life education concepts, and disseminate information on the 1989 national policy for the promotion of women. UNFPA would also provide assistance to NGOs active in the area of women and development. UNFPA proposes to provide a total amount of $600,000 for this sector, of which $200,000 would be provided from other sources, including multi-bilateral sources.

Programme reserve

46. An amount of $200,000 would be held in reserve to meet unforeseen needs that may arise during the programme cycle.

Programme coordination

47. The Ministry of Planning is responsible for the coordination of all external assistance, including that for population activities. The Population Planning Unit will coordinate population activities at the level of sectoral ministries as well as serve as the secretariat for the National Population Commission once it is established. More specifically, the Unit will be the coordinating body for all IEC activities and be responsible for preparing a national IEC strategy. At the level of cooperating agencies, WHO has already joined the members of the JCGP in drafting a document defining a common approach to health problems. Moreover, within the framework of the national programme of primary health care, all United Nations agencies and organizations have agreed to work together to find solutions to the causes of mortality, morbidity and infertility. UNFPA will focus on activities aimed at reducing early, unwanted and/or closely-spaced pregnancies. UNICEF will, among other things, support efforts to eliminate iodine deficiency disorders as part of the fight against infertility. The UNFPA field office will assist the Government in coordinating the population-related activities of the cooperating agencies.

Programme monitoring, evaluation and management

48. All activities of the proposed programme would be monitored and evaluated in accordance with standard UNFPA guidelines and would have built-in monitoring and evaluation mechanisms. A mid-term review would be carried out in late 1994 or early 1995, and a final review would be organized in conjunction with a PRSD mission, which would visit the Central African Republic at the end of 1996. Progress reports, annual tripartite meetings and independent evaluations of programme activities would also be a part of normal programme monitoring procedures. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Addis Ababa, Ethiopia.

Financial summary

49. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $4.6 million over the four-year period 1993-1996, of which $3.6 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,800,000	400,000	2,200,000
Information, education and communication	800,000	200,000	1,000,000
Data collection and analysis	400,000	200,000	600,000
Women, population and development	400,000	200,000	600,000
Programme reserve	200,000	-	200,000
TOTAL	3,600,000	1,000,000	4,600,000

V. RECOMMENDATION

50. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Central African Republic in the amount of $4.6 million for the four-year period 1993-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $3.6 million from UNFPA's regular resources, over the period 1993-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $1 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Central African Republic and with the executing agencies.